

## **INVITATION TO BID**

**Sealed bids for Police Professional Liability Insurance coverage will be received by the City of Murfreesboro, Tennessee, until 3:00 p.m., Wednesday, February 13, 2013, at the City Manager's office, City Hall, 111 West Vine Street, Murfreesboro, Tennessee 37130. The insuring period will begin at 12:01 a.m. on March 31, 2013. The required Bid Form and Specifications are available from the City Manager's office and online at [www.murfreesborotn.gov](http://www.murfreesborotn.gov).**

**TO BE RUN:            Sunday, December 16, 2013.  
                              Murfreesboro Post**

**Robert J. Lyons, City Manager**

**CITY OF MURFREESBORO**  
**Police Professional Liability Insurance Bid**

**General Bid Requirements**

Sealed bids will be received for a three (3) year police professional liability insurance policy until 3:00 P.M. Wednesday, February 13, 2013 at the City Manager's office, City Hall, 111 West Vine Street, Murfreesboro, TN 37130 at which time they will be opened. Envelopes containing a bid must be sealed and marked "Police Insurance Bid". Bids must be submitted on or before the bid opening time in order to be considered.

Bidders must use the Bid Form provided. If a coverage option requested is not available, that space should be left blank or marked "N/A". Failure to bid a particular option will not bar a bid from being considered. Bidders may submit multiple bids and bids from more than one (1) insurance company. The City may select any one of the options bid.

Any insurance carrier proposed must be authorized to do business in the state of Tennessee on an admitted or non-admitted basis. The carrier must have a policyholders rating from Best's Insurance Guide, Standard and Poor, or Demotech, Inc. of A or better and a financial rating from these sources of 12 or better. The financial rating will be considered in evaluating the bids. If the carrier is a mutual company, the policy must be non-assessable and an endorsement to this effect shall be required before final acceptance of the bid.

The policy is to be written on a three (3) year basis with premiums subject to annual rerating. The insuring period will begin at 12:01 A.M. on March 31, 2013. The City of Murfreesboro will make the award as soon as practicable to the lowest responsible bidder, price and other factors considered. The City of Murfreesboro reserves the right to reject any and all bids when such rejection is deemed in the best interest of the City.

**Specifications**

The police professional liability insurance policy must include coverage for bodily injury, property damage and personal injury arising from wrongful acts including but not limited to: false arrest, wrongful detention, malicious prosecution, libel, slander, defamation of character, wrongful entry/eviction, assault and/or battery, federal civil rights (Sections 42 U. S. C. 1981 and 1983), false or improper service, non-employment related discrimination, violation of

property rights, first aid, approved moonlighting, approved mutual aid and Police Department's canines' actions.

Coverage must be provided on an "occurrence" and not a "claims made" basis. Coverage shall be consistent with the provisions of Tennessee Code Annotated §29-20-101 et seq. The policy must provide for sixty (60) days advance written notice of cancellation.

The City of Murfreesboro will be the named insured, which shall be defined to include members of the governing body and any full time, part time, or volunteer employee or a law-enforcement officer working under a mutual aid or intergovernmental agreement.

Preference will be given to a policy that will "Pay on Behalf Of" over one providing "Reimbursement" or indemnification only. Preference will be given to a policy that does not have absolute exclusion for Punitive and Exemplary Damages. Preference will be given to a policy that provides that claims expenses (including but not limited to supplemental expenses such as premiums for appeal bonds and prejudgment interest) and defense costs (including but not limited to: attorney's fees, outside adjuster's cost, charges for expert witnesses, all costs and fees for investigation, defending and settling claims) shall not be subject to coverage limits. Preference will be given to a policy which provides that only one deductible shall be applicable when multiple parties make claims arising out of one incident.

Preference will be given to a carrier who will agree to consult the City when choosing Defense counsel, and who gives the City the right of rejection.

Any deviation from the requested coverages as specified above, or from standard policy conditions and exclusions for such coverages, shall be identified on a separate attachment submitted with the Bid Form. A copy of the policy, including all endorsements thereto should be submitted with the bid, and will be required before final acceptance of the bid.

The carrier must agree to furnish the City, upon reasonable request, written information concerning pending and closed claims. Carriers must agree in writing to furnish the City upon request, a report of all claims, including, but not necessarily limited to, such information as to the date of the accident, claimant's name and amount paid, and to furnish the City with copies of claimant's closing reports immediately upon request.



### **Information About City and Police Department**

The City of Murfreesboro Police Department has the following full-time employees as of 10-1-12: 1 Chief of Police, 1 deputy chief of police, 1 assistant chief of police. Including the foregoing, there are a total of 45 commissioned officers with the rank of Sergeant or above. There are 177 police officers and detectives for a total full-time certified personnel of 225 (includes all of the foregoing).

There are no part time certified personnel.

There are a total of 52 full-time non-certified personnel consisting of 30 dispatchers, 18 clerical personnel, 2 janitorial personnel, and 2 non-commissioned parking enforcement employees.

There are a total of 33 part-time, noncertified personnel consisting of 6 persons at the front desk who work as receptionist/clerks, 27 school traffic patrol persons.

The Police Department has a total of 6 canines of which 3 are drug dogs and 3 are patrol dogs.

The annual salary budget for Police Department Personnel for the 2012-2013 Fiscal Year is \$20,114,644. The audit for the last fiscal year of the City will be made available upon request.

The loss experience for the prior five (5) year period will be provided.

Any additional information necessary to submit a bid may be requested from Risk Manager Richard W. Rucker at 615-217-3030 (phone), 615-217-3029 (fax) or at the following e-mail address: [rrucker@murfreesborotn.gov](mailto:rrucker@murfreesborotn.gov).

## 11/15/2011 - 11/15/2012

Policy Period Desc: 2011/2012



Grand Total: 6

Bodily Injury	55,000.00	0.00	55,000.00	55,000.00	-4,286.44
Property Damage	0.00	0.00	0.00	0.00	0.00
Legal	39,286.44	12,773.08	41,513.36	54,286.44	0.00
Adjustment	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00
Excess Recovery	0.00	0.00	0.00	0.00	0.00
Grand Total:	94,286.44	12,773.08	96,513.36	109,286.44	-4,286.44

Loss Run

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**SCOTTSDALE INSURANCE COMPANY  
DETAIL LOSS INFORMATION FOR SELECTED POLICY**

[Back](#)

**Agency Information**

REQUESTOR: 12919 REQUESTED DATE TIME: 11/26/2012 11:16:45 POLICY: PKI0001415 DEPT CODE: 0000K  
INSURED: TN, MURFREESBORO, CITY OF  
111 W VINE ST  
MURFREESBORO, TN  
AGENT: EUCLID INSURANCE SERVICES INC  
12529 --- ITASCA, IL  
POLICY PERIOD 03/31/2009 TO 03/31/2010

**Claimant Information**

CLAIM: 01275540 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY  
CLAIMANT: POWELL, KRISTIN  
ACCIDENT STATE: TN  
LOSS DATE: 09/03/2009 0.00 250,000.00 250,000.00 0.00 35,700.73 35,700.73 25,000.00  
COVERAGE TYPE: PROFESSIONAL LIABILITY BI  
LOSS DESCRIPTION: ANIMAL BITE - POLICE DOG BITE 13YR OLD ON LEG  
SC LOSS CODE: 0329  
LOSS LOCATION: LYTLE ST MURFREESBORO  
VEHICLE DESCRIPTION: DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	250,000.00	250,000.00	0.00	35,700.73	35,700.73	25,000.00

STATUS: C

**Claimant Information**

CLAIM: 01319883 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY  
CLAIMANT: POLSON, FLOYD D  
ACCIDENT STATE: TN  
LOSS DATE: 08/08/2009 25,000.00 0.00 25,000.00 31,000.00 64,045.25 95,045.25 25,000.00  
COVERAGE TYPE: PROFESSIONAL LIABILITY BI  
LOSS DESCRIPTION: PROFESSIONAL-MISCELLANEOUS--POLICE DOG BITE  
SC LOSS CODE: 0329  
LOSS LOCATION: 2025 S CHURCH ST MURFREESBORO  
VEHICLE DESCRIPTION: DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
25,000.00	0.00	25,000.00	31,000.00	64,045.25	95,045.25	25,000.00

STATUS: O

**Policy Term Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
25,000.00	250,000.00	275,000.00	31,000.00	99,745.98	130,745.98	50,000.00

**Agency Information**

REQUESTOR: 12919 REQUESTED DATE TIME: 11/26/2012 11:16:45 POLICY: PKI0001415 DEPT CODE: 0000K  
INSURED: TN, MURFREESBORO, CITY OF  
111 W VINE ST  
MURFREESBORO, TN  
AGENT: EUCLID INSURANCE SERVICES INC  
12529 --- ITASCA, IL  
POLICY PERIOD 03/31/2008 TO 03/31/2009

**Claimant Information**

CLAIM: 01236472 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY  
CLAIMANT: WHITE, LATISHA  
ACCIDENT STATE: TN  
LOSS DATE: 07/06/2008 0.00 0.00 0.00 0.00 0.00 0.00 0.00  
COVERAGE TYPE:  
LOSS DESCRIPTION: SHERIFF CAR STRUCK AND KILLED PEDESTRIAN. ESTATE OF DECEASEDSAYS INSURED CITY DID NOT  
CONDUCT COMPLETE INVESTIGATION.



Loss Run

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SC LOSS CODE: 0327

LOSS LOCATION: 1414 BRADYVILLE RD

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATUS: C

**Claimant Information**

CLAIM: 01242812 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY

CLAIMANT: VERGE, KENETHA

ACCIDENT STATE: TN

LOSS DATE: 10/20/2008 0.00 0.00 0.00 0.00 35,864.81 35,864.81 25,040.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PLTF ALLEGES FALSE ARREST, CONSTITUTIONAL RIGHTS VIOLATIONS

SC LOSS CODE: 0316

LOSS LOCATION: UNK WALMART

MURFREESBORO, TN

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	35,864.81	35,864.81	25,040.00

STATUS: C

**Claimant Information**

CLAIM: 01283246 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY

CLAIMANT: CHILTON, JUSTIN T

ACCIDENT STATE: TN

LOSS DATE: 02/22/2009 0.00 15,000.00 15,000.00 0.00 16,923.78 16,923.78 25,000.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PROFESSIONAL-NEGLIGENT CARE; CLMTS ALLEGE INSD POLICE DISPATCHER SENT POLICE TO WRONG ADDRESS ARRESTING THEM

SC LOSS CODE: 0366

LOSS LOCATION: 2707 S RUTHERFORD BLVD

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claimant Information**

CLAIM: 01283246 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY

CLAIMANT: CHILTON, ROGER

ACCIDENT STATE: TN

LOSS DATE: 02/22/2009 0.00 0.00 0.00 0.00 0.00 0.00 0.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PROFESSIONAL-NEGLIGENT CARE; CLMTS ALLEGE INSD POLICE DISPATCHER SENT POLICE TO WRONG ADDRESS ARRESTING THEM

SC LOSS CODE: 0366

LOSS LOCATION: 2707 S RUTHERFORD BLVD

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	15,000.00	15,000.00	0.00	16,923.78	16,923.78	25,000.00

STATUS: C

**Claimant Information**

CLAIM: 01285659 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY

CLAIMANT: BOCKOVEN, DAVID K

ACCIDENT STATE: TN

LOSS DATE: 09/01/2008 0.00 0.00 0.00 0.00 32,000.58 32,000.58 25,000.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PROFESSIONAL-MISCELLANEOUS. ALLEGED EXCESSIVE FORCE USED DURING ARREST FOR PUBLIC

Loss Run

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**INTOXICATION.**

SC LOSS CODE: 0319

LOSS LOCATION: 2827 S RUTHERFORD BLVD

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	32,000.58	32,000.58	25,000.00

STATUS: C

**Policy Term Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	15,000.00	15,000.00	0.00	84,789.17	84,789.17	75,040.00

**Agency Information**

REQUESTOR: 12919

REQUESTED DATE TIME: 11/26/2012 11:16:45

POLICY: PKI0001415

DEPT CODE: 0000K

INSURED:

TN, MURFREESBORO, CITY OF  
111 W VINE ST

AGENT:

MURFREESBORO, TN  
EUCLID INSURANCE SERVICES INC  
12529 --- ITASCA, IL

POLICY PERIOD 03/31/2007 TO 03/31/2008

**Claimant Information**

CLAIM: 01122428

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	6,072.50	6,072.50	0.00

CLAIMANT: NEWMAN, SANDRA

ACCIDENT STATE: TN

LOSS DATE: 05/18/2007

0.00

0.00

0.00

0.00

6,072.50

6,072.50

0.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PLTF ALLEGES BEING STRUCK BY VEHICLE THAT HAD PREVIOUSLY BEEN PURSUED BY CITY OFFICER.

SC LOSS CODE: 0320

LOSS LOCATION: INTERSECTION OF CASON TRA

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	6,072.50	6,072.50	0.00

STATUS: C

**Claimant Information**

CLAIM: 01123107

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	12,505.28	12,505.28	12,505.28

CLAIMANT: LILLARD, JIMMY

ACCIDENT STATE: TN

LOSS DATE: 10/17/2007

0.00

0.00

0.00

0.00

12,505.28

12,505.28

12,505.28

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PERSONAL INJURY-FALSE ARREST ALLEGED BY 2 PLTFs

SC LOSS CODE: 0325

LOSS LOCATION: 111 WEST VINE STREET

MURFREESBORO

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	12,505.28	12,505.28	12,505.28

STATUS: C

**Claimant Information**

CLAIM: 01223843

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	38,604.60	38,604.60	25,000.00

CLAIMANT: RHODES, MARTIN

ACCIDENT STATE: TN

LOSS DATE: 05/12/2007

0.00

0.00

0.00

0.00

38,604.60

38,604.60

25,000.00

COVERAGE TYPE: ALL OTHER

LOSS DESCRIPTION: PLTF ALLEGES FALSE ARREST.

SC LOSS CODE: 0316

LOSS LOCATION: 1829 CASON TRAIL

MURFREESBORO, TN

VEHICLE DESCRIPTION:

DRIVER:

**Claim Totals**

Loss Run

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LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	38,604.60	38,604.60	25,000.00

STATUS: C

**Policy Term Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	57,182.38	57,182.38	37,505.28

**Agency Information**

REQUESTOR: 12919 REQUESTED DATE TIME: 11/26/2012 11:16:45 POLICY: PKI0001415 DEPT CODE: 0000K  
INSURED: TN, MURFREESBORO, CITY OF  
111 W VINE ST  
MURFREESBORO, TN  
AGENT: EUCLID INSURANCE SERVICES INC  
12529 --- ITASCA, IL  
POLICY PERIOD 03/31/2006 TO 03/31/2007

**Claimant Information**

CLAIM: 01060248	LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
CLAIMANT: OWENS, DOROTHY J							
ACCIDENT STATE: TN							
LOSS DATE: 07/23/2006	0.00	0.00	0.00	0.00	30,631.75	30,631.75	25,000.00
COVERAGE TYPE: ALL OTHER							
LOSS DESCRIPTION: ASSAULT & BATTERY(ALLEGES EXCESSIVE FORCE AND RACIAL PREJUDICE/DISCRIMINATION)							
SC LOSS CODE: 0319							
LOSS LOCATION: PO BOX 331154							
VEHICLE DESCRIPTION:							

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	30,631.75	30,631.75	25,000.00

STATUS: C

**Claimant Information**

CLAIM: 01062881	LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
CLAIMANT: ELLIS, CORENA							
ACCIDENT STATE: TN							
LOSS DATE: 04/29/2006	0.00	30,000.00	30,000.00	0.00	7,825.40	7,825.40	25,000.00
COVERAGE TYPE: ALL OTHER							
LOSS DESCRIPTION: PERSONAL INJURY-FALSE ARREST CLMNT ALLEGES SHE WAS ORDERED OUT OF HER CAR.							
SC LOSS CODE: 0316							
LOSS LOCATION: 115 MALL CIR							
VEHICLE DESCRIPTION:							

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	30,000.00	30,000.00	0.00	7,825.40	7,825.40	25,000.00

STATUS: C

**Claimant Information**

CLAIM: 01106740	LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
CLAIMANT: TRACY JONES							
ACCIDENT STATE: TN							
LOSS DATE: 03/23/2007	0.00	20,000.00	20,000.00	0.00	58,202.62	58,202.62	25,000.00
COVERAGE TYPE: ALL OTHER							
LOSS DESCRIPTION: PROFESSIONAL-MISCELLANEOUS. ALLEGED WRONGFUL STOP MADE FOR ASTOLEN VEHICLE. CLMT QUESTIONED AND RELEASED.							
SC LOSS CODE: 0327							
LOSS LOCATION: BROAD STREET							
VEHICLE DESCRIPTION:							

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	20,000.00	20,000.00	0.00	58,202.62	58,202.62	25,000.00

Loss Run

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STATUS: C

**Claimant Information**

CLAIM: 01220423 LOSS RESERVE PAID LOSS INCURRED LOSS ALAE RESERVE PAID ALAE INCURRED ALAE RECOVERY  
CLAIMANT: FERGUSON, JAMARIUS  
ACCIDENT STATE: TN  
LOSS DATE: 02/24/2007 0.00 0.00 0.00 0.00 0.00 0.00 0.00  
COVERAGE TYPE: ALL OTHER  
LOSS DESCRIPTION: ASSAULT & BATTERY  
SC LOSS CODE: 0317  
LOSS LOCATION: STATE ST MURFREESBORO  
VEHICLE DESCRIPTION: DRIVER:

**Claim Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATUS: C

**Policy Term Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
0.00	50,000.00	50,000.00	0.00	96,659.77	96,659.77	75,000.00

**Policy Totals**

LOSS RESERVE	PAID LOSS	INCURRED LOSS	ALAE RESERVE	PAID ALAE	INCURRED ALAE	RECOVERY
25,000.00	315,000.00	340,000.00	31,000.00	338,377.30	369,377.30	237,545.28

O=OPEN/E=OPEN FOR ALAE/C=CLOSED/I=NON-RESERVED INCIDENT/D=DORMANT;an incident/RO open more than 90 days.  
Amounts shown do not reflect deductibles or payments below SIRs. See Total Recovery field for collected deds, salvage and/or subro.

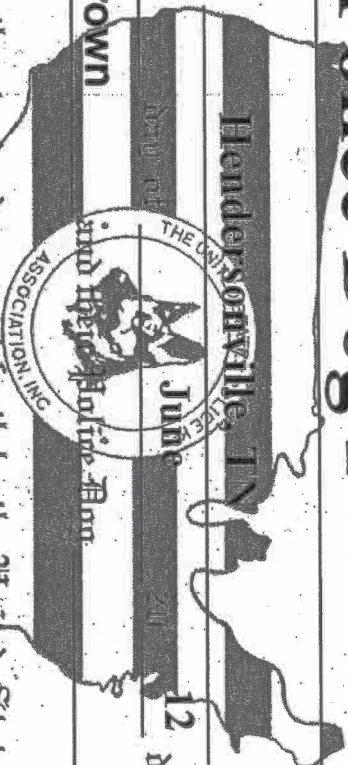


# Certificate of Verification

The United States Police Canine Association, Inc.

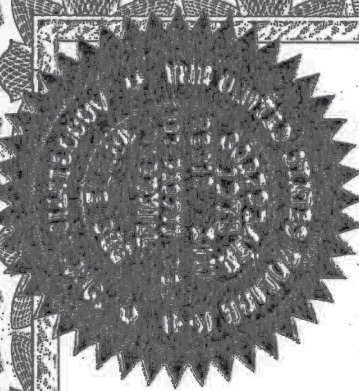
## Police Dog I

Meeting in seminar at \_\_\_\_\_  
on the 7th \_\_\_\_\_  
that Greg Brown \_\_\_\_\_  
\_\_\_\_\_



have been tested under the standards set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.

Stacy  
Billy D. Moore  
PRESIDENT  
CHIEF JUDGE





# Certificate of Verification

The United States Police Canine Association, Inc.

## Police Dog I

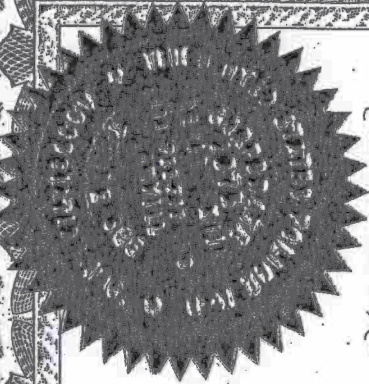
Meeting in seminar at  
on the 7<sup>th</sup>  
that Ryan Holobaugh  
Hendersonville, N.C.  
June 12  
does hereby certify  
BRACK

have been tested under the standards we set forth in the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.

*Bill D. Moore*

PRESIDENT

CHIEF JUDGE





# Certificate of Certification

The United States Police Canine Association, Inc.

## Police Dog I

Offspring in seminar at  
on the 7th

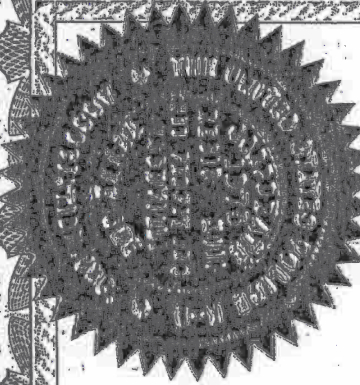
Trey Mansfield



12

Does hereby certify  
DIESEL

have been tested under the standards set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



PRESIDENT

CHIEF JUDGE

*St. Seely*  
*Billy D. Moore*

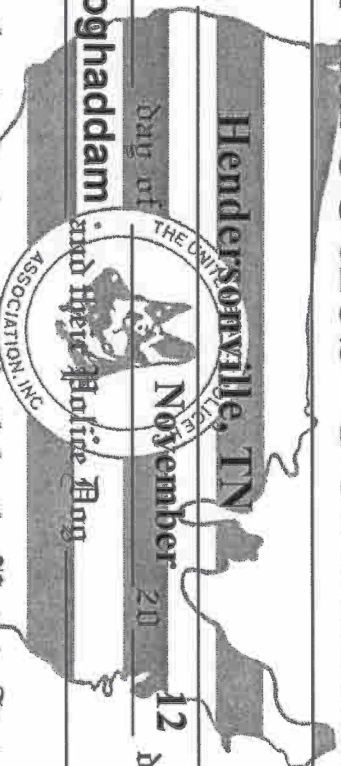


# Certificate of Certification

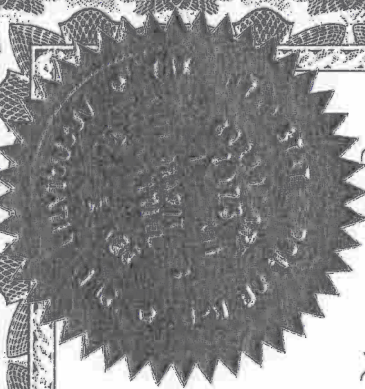
## The United States Police Opiine Association, Inc.


### Narcotics Certification

Meeting in seminar at  
on the 5th  
day of  
Hendersonville, TN  
November 20 12  
that Mark Moghaddam and the Police Dog  
Tucker



have been tested under the standards, as set forth by the United States Police Opiine Association, Inc. and have achieved the desired rating of excellence therein.



  
PRESIDENT  
  
CHIEF JUDGE

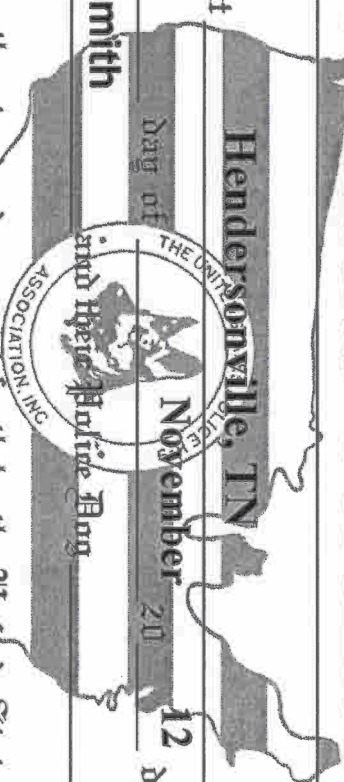


# Certificate of Certification

## The United States Police Canine Association, Inc.

### Narcotics Certification

Meeting in seminar at  
on the 5th  
day of  
Hendersonville, TN  
November 20 12  
that Tyler Smith  
does hereby certify  
Mia



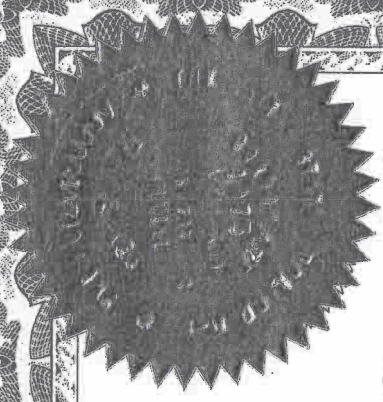
have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.

A stylized, handwritten signature in dark ink, appearing to read "D. Seely".

PRESIDENT

A stylized, handwritten signature in dark ink, appearing to read "W. R. D.".

CHIEF JUDGE





# Certificate of Certification

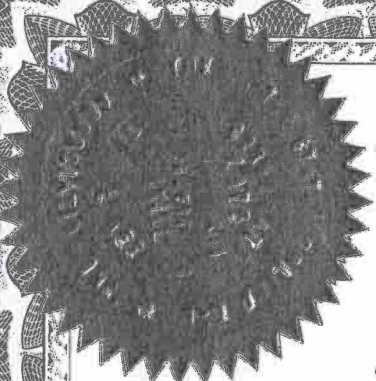
## The United States Police Opiate Association, Inc. Narcotics Certification

Meeting in seminar at  
on the 5th  
that John Watson  
Hendersonville, TN  
November 20 12  
does hereby certify  
and their Police Opiate  
Association, Inc.

have been tested under the standards, as set forth by the United States Police Opiate  
Association, Inc. and have achieved the desired rating of excellence therein.

  
PRESIDENT

  
CHIEF JUDGE





*Police Department*  
Craig Snider  
Sergeant Operations Division  
(615) 849-2686  
csnider@ci.murfreesboro.tn.us

## MEMORANDUM

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**TO:** Assistant Chief Roy Fields  
**FROM:** Sergeant Craig Snider  
**Date:** November 28, 2012  
**SUBJECT:** Off Duty Jobs

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Chief Fields:

Per our conversation, I have compiled a list of jobs that our officers work on a frequent or somewhat frequent basis.

Wells Entertainment Group- We Supply officers for parties and concerts.

Chelsea Place Apartments- We Provide security on a monthly basis.

Embassy Suites- We Provide security during conventions periodically throughout the year.

World Outreach Church- We Provide security during church services and during special events.

City Schools- During fall festivals, multiple city schools hire officers for security and traffic control.

Apartments- Several apartment complexes hire officers to live on sight and provide security for their residents.

New Vision Church- We supply security and traffic control during special events.

Child Advocacy Center- We provide security during the duck race ever year.

Sonic Restaurant- We provide security during the warmer months at some locations on weekends.

M.T.M.C- We provide security for special events throughout the year (marathons, special events in or around the square).

Black Friday- Target, Wal-mart, Best Buy and Toys R Us use officers every year for security and crowd control.

Honey Baked Hams- We provide security and crowd control at their retail store during Thanksgiving and Christmas Holidays.

Family Worship Center- We provide traffic control on Sundays during services.

Amazon- We provide traffic control as well as security during their peak season (November and December).

This list is not all inclusive, but represents the majority of regularly provided jobs for off duty officers of the Murfreesboro Police Department.

Sergeant Craig Snider

A handwritten signature in dark ink, appearing to read "Sgt. C. Snider", with the number "315" written below it.

Office of Professional Responsibility



## LAW ENFORCEMENT LIABILITY APPLICATION

☒ Occurrence ☐ Claims Made ☐ New ☐ Renewal of Policy No.

Date of Application: \_\_\_\_\_

### I. GENERAL INFORMATION

Full Name of Public Entity: City of Murfreesboro Police Department  
Address: \_\_\_\_\_  
City: Murfreesboro State: TN Zip: 37130 County: Rutherford  
Type of Jurisdiction: City/Town/Township County \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Population: Current: 110,000 Seasonal Change: \_\_\_\_\_  
Dept. Administrator: Richard Rucker Telephone #: (615) 217-3030 Title: Risk Manager  
Please attach copies of any formal Accreditations.

### II. POLICY AND PROCEDURES

Do you have a manual of department policy and procedures? ☒ Yes ☐ No  
Date of manual: 23 / Feb / 1994 Latest date of update: 11 / 29 / 12  
Are the manual's reviewed annually by competent legal counsel? ☒ Yes ☐ No  
By whom: Susan McGannon, City Attorney and legal staff  
Is manual distributed to all personnel? ☒ Yes ☐ No  
Are employees required to sign a receipt for the manual? ☒ Yes ☐ No  
Is manual reviewed as part of the training programs? ☒ Yes ☐ No

Do you have written policies and procedures for the following? If yes, please attach a copy.

How are they distributed to your personnel? \_\_\_\_\_

Use of deadly force ☒ YES ☐ NO  
Use of non-deadly force ☒ YES ☐ NO  
Use of TAZER and STUN Guns ☐ YES ☒ NO We do not use these.  
Vehicle "hot" pursuit ☒ YES ☐ NO  
Custodial interrogation/detention ☒ YES ☐ NO  
Domestic violence ☒ YES ☐ NO  
AIDS/ Blood Borne Pathogens ☒ YES ☐ NO  
Handling of intoxicated persons ☒ YES ☐ NO  
Handling of Learning Impaired or Mentally handicapped persons ☒ YES ☐ NO  
Guidelines for the prevention of positional asphyxiation ☒ YES ☐ NO

### III. EDUCATION AND TRAINING REQUIREMENTS

#### 1. Minimal Education Requirements for New Officers?

☒ A. High School Diploma ☐ B. Some College  
☐ C. College Graduate ☐ D. Other.

2. Background investigations completed prior to hiring?

- ☒ State and/or ☒ Federal -Criminal Background  
☐ Credit  
☒ Motor Vehicle Reports  
☒ Drug Testing  
☒ Medical History  
☒ Prior Employment  
☒ Personal references  
☒ Pre-hire psychological testing  
☐ Other \_\_\_\_\_

3. Training Requirements

A. Full-time Correctional Officers:

Formal academy? ☐ Yes ☐ No

No. of hours: \_\_\_\_\_

Other. Explain: NA

B. Part-time Correctional Officers:

Formal academy? ☐ Yes ☐ No

No. of hours: \_\_\_\_\_

Other. Explain: NA

C. Armed street officers?

Formal academy? ☒ Yes ☐ No

No. of hours: 425

Other. Explain: plus recruit officer orientation: additional 225 hours and additional 562.5 hours with Field Training Officer

D. Part-time/Auxiliary officers?

Formal academy? ☐ Yes ☐ No

No. of hours: \_\_\_\_\_

Other. Explain: NA

E. Formal training required prior to active duty for all officers in A. B. C. & D. above? ☒ Yes ☐ No;  
 If No, verify that they are unarmed and accompanied by trained personnel? ☐ Verified.

F. Annual minimum training update? ☒ Yes ☐ No Number of hours 40

G. Is all training documented? ☒ Yes ☐ No

4. Are all armed officers receiving annual training updates and re-qualified in the following areas?

- |   |   |  |   |
|---|---|--|---|
| A. Baton?                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| B. Mace/chemical?                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| C. Control holds?                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| D. Tazer & Stun guns?                   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Not used  |
| E. Firearms Operations                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| F. Hostage situational drills           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not used   |
| G. Terrorism -protocols                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| H. First Aid/CPR                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used   |
| I. Non-lethal projectiles               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not used   |
| J. Procedures for mentally handicapped? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not used   |
| K. Vehicle Ops/Driving                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used; if yes: <input type="checkbox"/> Actual or <input type="checkbox"/> Simulated? |
| L. Positional asphyxiation risks        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not used; if yes: <input type="checkbox"/> Actual or <input type="checkbox"/> Simulated? |
| M. Blood Borne Pathogens                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not used; if yes: <input type="checkbox"/> Actual or <input type="checkbox"/> Simulated? |

irregularly

Special Operations + Instant Response do train annually  
Classroom training every alternate year

NO Jail

## Section IV. CORRECTIONAL & JAIL FACILITY OPERATIONS

IF more than one category above applies, OR if there is more than one location, please complete a separate Section IV for each facility or location. Enter the number of facilities \_\_\_\_\_  
IF you have no detention/lock-up facilities, SKIP to Section V.

1. Do you operate? NO

☐ Jail ☐ Holding Cell ☐ Correctional Facility (County or Regional)

2. Year facility built  Year renovated

3. Average number of daily inmates

4. State certified capacity of facility

5. Average length of stay

6. Do you place juveniles in any holding facility? ☐ Yes ☐ No

Are juveniles ever housed with adults? ☐ Yes ☐ No ☐ NA

7. Are full-time jailers on duty 24 hours per day? ☐ Yes ☐ No

8. Are part-time jailers utilized? ☐ Yes ☐ No; If yes, what % of time?  % Explain.

9. Does dispatcher also act as jailer? ☐ Yes ☐ No; if yes, what training is required? \_\_\_\_\_

10. In the last 3 years have there been any:

A. Jail suicides? ☐ Yes ☐ No; (IF YES, EXPLAIN.) \_\_\_\_\_

B. Attempted suicides? ☐ Yes ☐ No (If yes, explain.) \_\_\_\_\_

C. Are 30-minute walk-through inspections of the facility performed and documented? ☐ Yes ☐ No

D. Describe your suicide watch/surveillance procedures. \_\_\_\_\_

11. Are there audio/video systems in?

A. Booking area ☐ Audio ☐ Video

B. Cell area ☐ Audio ☒ Video

C. Sally port / Intake area ☐ Audio ☐ Video

12. Are jail premises regularly inspected by?

A. Department of Corrections? ☐ Yes ☐ No

Date of most recent inspection \_\_\_\_\_

Recommendations Completed? ☐ Yes ☐ No

B. County or State Fire Inspectors? ☐ Yes ☐ No

Date of most recent inspection? \_\_\_\_\_

Recommendations Completed? ☐ Yes ☐ No

C. Department of Health? ☐ Yes ☐ No

Date of most recent inspection? \_\_\_\_\_

/Recommendations Completed? ☐ Yes ☐ No

\*\*\*ATTACH COPY OF INSPECTIONS REPORTS\*\*\*



13. Do you have smoke detectors in jail? ☐ Yes ☐ No
14. Is an evacuation plan posted throughout the facility? ☐ Yes ☐ No
15. DOES YOUR JAIL OPERATIONS MANUAL COVER?
- |  |   |
|--|---|
| A Intake screening & classification of inmates       | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| B Strip searches                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| C Riot Protocols                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| D Jail evacuation                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| E Medical treatment/sick call                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| F Storage & administration of medication             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| G Suicide ID guidelines                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| H Visual observation of inmates                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| I Handling of intoxicated individuals                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| J Handling of Handicapped / Learning Disabled        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| K Date of Manual: _____ Date of last revision: _____ |   |

PLEASE ATTACH A COPY OF THE JAIL OPERATIONS MANUAL.

16. Is jail under a court order or consent decree? ☐ Yes ☐ No  
If yes, attach copy with any modifications.
17. Do you have an INMATE HANDBOOK? ☐ Yes ☐ No  
If yes, is it distributed to all inmates upon intake? ☐ Yes ☐ No

## V. INSURANCE INFORMATION

1. Name of current law enforcement professional liability insurer: \_\_\_\_\_
- A. Policy number: \_\_\_\_\_
- B. Expiration date: \_\_\_\_\_
- C. Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_
- D. Premium: \_\_\_\_\_ ☒ Occurrence ☐ Claims Made- Retro Date \_\_\_\_\_
- E. Has similar insurance been cancelled, declined or non-renewed in last 5 years? ☐ Yes ☒ No  
If yes, explain \_\_\_\_\_
2. Name of current General Liability insurer: \_\_\_\_\_
- A. Expiration date: \_\_\_\_\_
- B. Limits: \_\_\_\_\_
- C. Premium: \_\_\_\_\_ ☐ Occurrence ☐ Claims Made- Retro Date \_\_\_\_\_
- D. Does it cover jail premises? ☐ Yes ☒ No
3. If jail nurses/doctors/coroners are listed under section VII below as Class C employees, provide carrier, limits and expiration date of medical or professional casualty coverage. NA
4. Are you aware of any past or current acts, errors and/or omissions; occurrences, circumstances, incidents, threats or litigation which could potentially give rise to a claim or suit against you? ☐ Yes ☒ No If yes, please describe. \_\_\_\_\_

## VI. ADDITIONAL UNDERWRITING INFORMATION

1. Do you contract law enforcement to any other public or private entity? ☐ Yes ☒ No  
IF YES, ATTACH COPY OF CONTRACT.
2. Are you a party to any mutual aid, reciprocal, or regional task force agreements? ☒ Yes ☐ No  
IF YES, ATTACH COPY OF CONTRACT.

*A state statute allows a city to request aid from another city.*



3. If there is a seasonal population change, are there any borrowed officers?  
If yes, are they trained in your agency's policies and procedures? ☐ Yes ☒ No
4. Do you have a formal written employee "moonlighting" policy?  
A. If yes, who authorizes? Chief of Police ☒ Yes ☐ No  
B. IF YES, PROVIDE A LIST OF AUTHORIZED "MOONLIGHTING" EMPLOYERS.  
C. IF YES, Do you permit "moonlighting" in bars, taverns, dance clubs, or concert venues? ☐ Yes ☒ No NOT where alcohol is served
7. Total number of full-time employees: Last year 285, Prior year 272, Two years prior 271
8. What is the largest city and its population within a 25-mile radius of your entity? Name and size of significant operations within legal jurisdiction, e.g., colleges, institutions, resort areas, military institutions, major medical centers, nuclear power plants, major defense contractors, sports arenas: Smyrna: 38,000; Middle Tenn. University, Nissan Auto Manufacturing Plant
9. Do you require that your department be named as an additional insured for any subcontractor's work? ☐ Yes ☐ No NA
10. Do you require sponsors of special events to name you as an additional insured for events which may require specific law enforcement involvement. (EG. Concerts, parades, rallies, races, rodeos?) ☒ Yes ☐ No
- Explain: We have 2 parades: University Homecoming & Christmas; and a half marathon race.

## VII. POSITIONS TO BE INSURED (List personnel only once under primary classification.)

### Class A employees (Check box and give number to be insured.)

1. ☒ Sheriff/Chief 1
2. ☒ Chief Deputy/Deputy Chief 2
3. ☒ Personnel with rank of Sergeant or higher 45
4. ☒ Full-time personnel with regular street/road duties and detectives & investigators 177 (Do not include # 3.)
5. ☐ Jail administrators
6. ☒ Police dogs 6
- ☒ (Provide certificate of training for dog and handler.) 3 Police Dogs & 3 drug sniffing dogs

### Class B employees (Check box and give number to be insured.)

1. ☐ Full-time jailers/matrons (below rank of Sergeant) NONE
- 1.A. ☐ Part-time, including dispatchers performing as jailers on a part-time basis
2. ☐ Civil process
3. ☐ Court Security staff
4. ☐ Part-time/auxiliary/reserve officers armed or with arrest authority
5. ☐ Mounted police patrols (Horses)

### Class C employees (Check box and give number to be insured.)

1. ☒ School crossing guards (employed by law enforcement agency) 27
2. ☐ Animal control officers (employed by law enforcement agency) 0
3. Medical Personnel:
 

	EMPLOYED	CONTRACTED	PROF LIAB LIMITS ON CERT?
<input type="checkbox"/> Jail Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doctors/Phys. Asst.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coroners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dentists or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ☐ Unarmed part-time/auxiliary/reserve officers without arrest authority? 0
5. ☒ Communication/dispatcher 30

### Class D employees (Check box and give number to be insured.)

1. ☒ Clerical personnel employed by law enforcement agency 24
2. ☐ Jail cooks 0
3. ☒ All personnel not covered above 4 Explain 2 Janitors; 2 Parking Enforcement

## IX. DISPATCHING

1. Does your department handle your own dispatch? ☒ Yes ☐ No

2. Does the entity dispatch for other entities? ☒ Yes ☐ No

How many entities? 1 Fire Dept

3. What is total population served? 119,000

4. Are incoming calls to dispatchers recorded? ☒ Yes ☐ No

5. How long are tapes maintained? 1 year

6. What services are provided?

Emergency medical? no

Fire dispatch? yes

Police dispatch? yes

What corresponding training do the dispatchers receive? 880 hours; NO law enforcement training

## X. CLAIMS HISTORY FOR LAST FIVE YEARS (INCLUDE INSURED AND UNINSURED LOSSES).

1. Have there been ANY claims, whether insured or not, against you in the past 5 years? ☒ Yes ☐ No

2. Please provide currently valued COMPANY LOSS RUNS for the past FIVE YEARS detailing your claim history.

## XI. APPLICANT'S ATTESTATION

The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true.

It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

X

Authorized Signature of Applicant

Risk Manager  
TITLE

DATE

Insured's Telephone Number (615) 217-3030

Insured's Website: www.murfreesboro tn.gov

Insured's Email Address: rrucker@murfreesboro tn.gov

## AGENCY INFORMATION

Agency Name

Contact Person

Agency Address:

Agency Ph. #: ( )

Agency Email Address:

SUBMITTING AGENTS NAME

SUBMITTING AGENT'S SIGNATURE

**A HARD COPY SIGNED APPLICATION (BY INS'D & AGENT) IS REQUIRED TO BIND COVERAGE.**